

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875)

SERIAL NO.
09/806411

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		①					56						
7		①					57						
8		①					58						
9		①					59						
10		①					60						
11	1						61						
12		1					62						
13		2					63						
14		2					64						
15		2					65						
16		①					66						
17		①					67						
18		①					68						
19		①					69						
20		①					70						
21		①					71						
22							72						
23							73						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	25						TOTAL DEP.						
TOTAL CLAIMS	27						TOTAL CLAIMS						